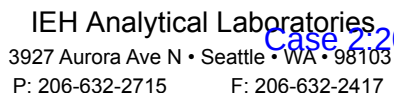


# EXHIBIT 10



Chain of Custody Form

REPORT TO:						INVOICE TO: (IF DIFFERENT FROM REPORT)																		PROJECT INFORMATION  Quote No.: Client PO: Client Project:		
Client:						Client:																				
Address:						Address:																				
Contact:						Contact:																				
Email:						Email:																				
Phone:						Phone:																				
Fax:						Fax:																				
Reporting/Invoicing Format				Turn Around Time (TAT)*				Number of Containers	Analysis Requested														Metals Field Filtered (Y/N)	LAB USE ONLY		
<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				<input type="checkbox"/> Next Day <input type="checkbox"/> 2 Business Day																				Containers Received	Case File Number	
QC Data Reported				<input type="checkbox"/> 3 Business Day <input type="checkbox"/> Standard																						
<input type="checkbox"/> Yes <input type="checkbox"/> No																										
Sample Disposal				Specific Date: _____																						
<input type="checkbox"/> Hold <input type="checkbox"/> Dispose <input type="checkbox"/> Return				*Advanced notice required for Rush Analysis																						
SAMPLING				SAMPLE DESCRIPTION																						
Date (mm-dd-yy)	Time	Matrix**	(This Will Appear On The Report)																							
**Matrix: B=Biota, DW=Drinking Water, GW=Ground Water, P=Paint, S=Soil, SD=Sediment, SL=Sludge, SW=Surface Water, WW=Wastewater						Comments:																				
Sampled By			Date		Time																					
Received By			Date		Time																					
Relinquished to IAL By (Signature)			Date		Time	Shipped By												Shipping Reference								
						Received at IAL By												Date		Time						